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APPLICANTS

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** CONTINUING DATA *****
None DM

** FOREIGN APPLICATIONS *****
None DM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 10/22/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 12	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Donald M. Mudd</i> Initials: _____				

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37372
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TITLE
System and method for providing a medical lead body

FILING FEE RECEIVED 1584	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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